BIS-PAK
COVERAGE PART

Renewal Declarations

First Named Insured and Address:

CROSSING AT SHERMAN MEADOWS CONDO ASSOC
C/O PATTI PAPE
W206N16130 STONEBROOK DR
JACKSON WI 53037

Agency Name and Number:

AMERICAN ADV-ZACH LINDOW INS AGENCY
A1G4-AB

Policy Number: ZT1016
Policy Period: Effective Date: 11-01-25
Expiration Date: 11-01-26

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the Policy.

12:01 A.M. standard time at your mailing address shown in the declarations

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CB-0002(1-23)	Deluxe Bis-Pak Property Coverage Form	
CB-0006(8-15)	Bis-Pak Business Liability and Medical Expenses Coverage Form	
CB-0009(9-04)	Bis-Pak Common Policy Conditions	
CB-0312(5-25)	Windstorm or Hail Percentage Deductible	
CB-0412(7-02)	Limitation of Coverage to Designated Premises or Project	
CB-0417(1-10)	Employment-Related Practices Exclusion	
CB-0564(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)	
CB-0577(4-10)	Fungi or Bacteria Exclusion (Liability)	
CB-1416(1-10)	Snow Plow Products-Completed Operations Hazard Coverage	
CB-1481(7-13)	Limitations on Coverage for Roof Surfacing	
CB-1488(7-13)	Primary and Noncontributory - Other Insurance Condition	
CB-1504(5-14)	Exclusion-Access of Confidential or Personal Info/Data with Limited BI	
CB-1531(8-24)	Cannabis Property Exclusion With Hemp Exception	
CB-1533(8-24)	Cannabis Liability Exclusion with Hemp Exception	
CB-1560(2-21)	Cyber Incident Exclusion	
CB-1591(10-23)	Exclusion - Perfluoroalkyl And Polyfluoroalkyl Substances (PFAS)	
CB-1701(1-06)	Condominium Association Coverage	
CB-7021(11-18)	Wisconsin Changes	
CB-7082(8-10)	Water Backup and Sump Overflow	$455.00
CB-7222(11-99)	Additional Insured - Condominium Unit Owners	
CB-7296(1-15)	Cap on Losses from Certified Acts of Terrorism - Property	$1,483.00
CB-7298(1-15)	Exclusion of Punitive Damages Related to a Certified Act of Terrorism	

Form Number	Form Title	Premium
CB-7299(1-15)	Cap on Losses from Certified Acts of Terrorism - Liability	
CB-7406(6-15)	Exclusion - Unmanned Aircraft	
CB-7410(8-15)	Civil Authority Changes	
CB-7440(1-23)	Acuity Property Enhancements - Platinum	$1,076.00
CB-7456(1-23)	Acuity Liability Enhancements - Gold	$100.00
CB-7481(12-23)	Equipment Breakdown Coverage (Including Electronic Circuitry Impairment)	$1,509.00
IL-7012(1-18)	Asbestos Exclusion	
IL-7082(12-20)	Disclosure Pursuant to Terrorism Risk Insurance Act	
	Advance Endorsement Premium	**$4,623.00**

PREMIUM SUMMARY

Advance Premium	$32,474.00
Advance Endorsement Premium	$4,623.00
Total Advance Premium	**$37,097.00**

The Total Advance Premium shown above is based on the exposures you anticipated at the time this coverage part began. We will audit this coverage part in accordance with the Bis-Pak® Liability and Medical Expenses General Condition entitled Premium Audit - Business Liability at the close of the audit period.

PROPERTY COVERAGES PROVIDED

Form: Deluxe

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	001	001	Replacement Cost	$789,912	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	002	001	Replacement Cost	$680,011	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	003	001	Replacement Cost	$789,912	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	004	001	Replacement Cost	$749,844	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	005	001	Replacement Cost	$749,844	6%

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	006	001	Replacement Cost	$646,812	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	007	001	Replacement Cost	$646,812	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	008	001	Replacement Cost	$749,844	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	009	001	Replacement Cost	$704,052	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	010	001	Replacement Cost	$749,844	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	011	001	Replacement Cost	$704,052	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	012	001	Replacement Cost	$749,844	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	013	001	Replacement Cost	$704,052	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	014	001	Replacement Cost	$704,052	6%
Building Condominium Deductible: $1,000 per occurrence Optional Coverage Deductible: $500 Wind/Hail Deductible: 1% per building	015	001	Replacement Cost	$704,052	6%

DESCRIPTION OF PREMISES

Premises Number	Building Number	Construction, Occupancy and Location
001	001	FRAME CONDOMINIUMS W206 N16181 STONEBROOK DR W206 N16183 STONEBROOK DR JACKSON WI 53037

Premises Number	Building Number	Construction, Occupancy and Location
002	001	FRAME CONDOMINIUMS W206N16196 STONEBROOK DR W206N16198 STONE BROOK RD JACKSON WI 53037
003	001	FRAME CONDOMINIUMS W206N16142 STONEBROOK DR W206N16146 STONE BROOK DR JACKSON WI 53037
004	001	FRAME CONDOMINIUMS W206N16197 STONEBROOK DR W206N16199 STONEBROOK DR JACKSON WI 53037
005	001	FRAME CONDOMINIUMS W206N16187 STONEBROOK DR W206N16191 STONEBROOK DR JACKSON WI 53037
006	001	FRAME CONDOMINIUMS W206N16186 STONEBROOK DR W206N16190 STONEBROOK DR JACKSON WI 53037
007	001	FRAME CONDOMINIUMS W206N16170 STONEBROOK DR W206 N16174 STONEBROOK DR JACKSON WI 53037
008	001	FRAME CONDOMINIUMS W260 N16150 STONEBROOK DR W260N16152 STONEBROOK DR JACKSON WI 53037
009	001	FRAME CONDOMINIUMS W206N16130 STONEBROOK DR W206N16134 STONEBROOK DR JACKSON WI 53037
010	001	FRAME CONDOMINIUMS W206N16129 STONEBROOK DR W206N16131 STONEBROOK DR JACKSON WI 53037
011	001	FRAME CONDOMINIUMS W206N16135 STONEBROOK DR W206N16137 STONEBROOK DR JACKSON WI 53037
012	001	FRAME CONDOMINIUMS W206N16141 STONEBROOK DR W206N16147 STONEBROOK DR JACKSON WI 53037

Premises Number	Building Number	Construction, Occupancy and Location
013	001	FRAME CONDOMINIUMS W206N16155 STONEBROOK DR W206 N16159 STONEBROOK DR JACKSON WI 53037
014	001	FRAME 2 FAMILY RANCH W206 N16163 STONEBROOK DR W206 N16165 STONEBROOK DR JACKSON WI 53037
015	001	FRAME 2 FAMILY RANCH CONDO W206 N16169 STONEBROOK DR W206 N16175 STONEBROOK DR JACKSON WI 53037

MORTGAGEHOLDER NAME AND ADDRESS

NONE

LIABILITY COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Liability and Medical Expenses (Each Occurrence)	$1,000,000
Medical Expenses (Any One Person)	$10,000
Damage to Premises Rented to You	$300,000
Products-Completed Operations Aggregate Limit	$3,000,000
General Aggregate Limit (Other Than Products-Completed Operations)	$3,000,000

SCHEDULE OF LIABILITY CLASSIFICATION

Premises Number	Building Number	Classification Description	Class Code	Premium Basis[1]	Premises Rate	Products Rate
001	001	Condominium - Residential	62003	2 UN	23.728	Included
002	001	Condominium - Residential	62003	2 UN	23.728	Included
003	001	Condominium - Residential	62003	2 UN	23.728	Included
004	001	Condominium - Residential	62003	2 UN	23.728	Included
005	001	Condominium - Residential	62003	2 UN	23.728	Included
006	001	Condominium - Residential	62003	2 UN	23.728	Included
007	001	Condominium - Residential	62003	2 UN	23.728	Included
008	001	Condominium - Residential	62003	2 UN	23.728	Included
009	001	Condominium - Residential	62003	2 UN	23.728	Included
010	001	Condominium - Residential	62003	2 UN	23.728	Included

Premises Number	Building Number	Classification Description	Class Code	Premium Basis[1]	Premises Rate	Products Rate
011	001	Condominium - Residential	62003	2 UN	23.728	Included
012	001	Condominium - Residential	62003	2 UN	23.728	Included
013	001	Condominium - Residential	62003	2 UN	23.728	Included
014	001	Condominium - Residential	62003	2 UN	23.728	Included

[1] UN = Unit - Rate Applies Per Unit

COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Acuity Liability Enhancements - Gold	See CB-7456
Acuity Property Enhancements - Platinum	See CB-7440

Coverage Item	Premises Number	Building Number	Limit of Insurance
Business Income and Extra Expense	001	001	Actual Loss Sustained
Business Income and Extra Expense	002	001	Actual Loss Sustained
Business Income and Extra Expense	003	001	Actual Loss Sustained
Business Income and Extra Expense	004	001	Actual Loss Sustained
Business Income and Extra Expense	005	001	Actual Loss Sustained
Business Income and Extra Expense	006	001	Actual Loss Sustained
Business Income and Extra Expense	007	001	Actual Loss Sustained
Business Income and Extra Expense	008	001	Actual Loss Sustained
Business Income and Extra Expense	009	001	Actual Loss Sustained
Business Income and Extra Expense	010	001	Actual Loss Sustained
Business Income and Extra Expense	011	001	Actual Loss Sustained
Business Income and Extra Expense	012	001	Actual Loss Sustained
Business Income and Extra Expense	013	001	Actual Loss Sustained
Business Income and Extra Expense	014	001	Actual Loss Sustained